

**Big Brothers Big Sisters of Greater Lansing
PARENT REPORT ON THE MATCH**

Child's Name _____	Volunteer's Name _____	Date Completed: _____
Match ID: _____	Length of match when administered: _____ (Specify in months/years)	
Age: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Community-Based <input type="checkbox"/>	School-Based <input type="checkbox"/>
White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Asian <input type="checkbox"/>	Native American <input type="checkbox"/>	Other <input type="checkbox"/>

We would like you to describe any changes you've observed in the below areas *over the past _____ months*. It's okay to indicate "don't know" if you have no knowledge about change in a given area.

	Much Better	A Little Better	No Change	A Little Worse	Much Worse	Don't Know	Not A Problem
CONFIDENCE							
1) Self-confidence							
2) Able to express feelings							
3) Can make decisions							
4) Has interests or hobbies							
5) Personal hygiene, appearance							
6) Sense of the future							
COMPETENCE							
7) Uses community resources							
8) Uses school resources							
9) Academic performance							
10) Attitude toward school							
11) School preparedness (homework)							
12) Class participation							
13) Classroom behavior							
14) Able to avoid delinquency							
15) Able to avoid substance abuse							
16) Able to avoid early parenting							
CARING							
17) Shows trust toward you							
18) Respects other cultures							
19) Relationship with family							
20) Relationship with peers							
21) Relationship with other adults							

Please mail the completed POE assessment form to:
Big Brothers Big Sisters 1235A Center Street Lansing, MI 48906 **Or Fax it to us at:** (517) 372-3130